

ARIZONA STATE BOARD OF HEALTH				State File No. <u>181a</u>	
BUREAU OF VITAL STATISTICS				Registered No. <u>81</u>	
STANDARD CERTIFICATE OF BIRTH					
1. PLACE OF BIRTH		County <u>Gila</u>		State <u>Arizona</u>	
		Township _____		or Village _____	
		City <u>Hayden</u>		No. _____ St. _____ Ward _____	
2. Full name of child <u>Santiago Gallardo</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
3. Sex <u>Male</u>		4. Twin, triplet, or other _____		5. Date of birth <u>Aug 27, 1924</u>	
If plural births _____		5. Number, in order of birth _____		6. Premature _____ Full term <u>X</u>	
				7. Legitimate? <u>YES</u>	
9. Full name <u>FATHER Santiago Gallardo</u>		18. Full maiden name <u>MOTHER Maria Rodriguez</u>			
10. Residence (usual place of abode) <u>Hayden, Ariz</u> (If nonresident, give place and State)		19. Residence (usual place of abode) <u>Hayden, Ariz</u> (If nonresident, give place and State)			
11. Color or race <u>Mex</u>		12. Age at last birthday <u>34</u> (Years)		20. Color or race <u>Mex</u>	
				21. Age at last birthday <u>20</u> (Years)	
13. Birthplace (city or place) <u>Tucson</u> (State or country) <u>Arizona</u>		22. Birthplace (city or place) <u>Santa Ana</u> (State or country) <u>Sonora, Mexico.</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Steam Power Plant</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	16. Date (month and year) last engaged in this work <u>Aug 27th, 1924</u>		17. Total time (years) spent in this work <u>10</u>		25. Date (month and year) last engaged in this work <u>Aug 27, 1924</u>
				26. Total time (years) spent in this work <u>4 yrs</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____		Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8.00A</u> m. on the date above stated (Born alive or stillborn)					
{ When there was no attending physician } { or midwife, then the father, householder, } { etc., should make this return. } Given name added from <u>276-827-499</u> a supplemental report (Date of) _____		(Signed) <u>Santiago H. Gallardo</u>			
		or <u>Father</u> Midwife _____			
		Address <u>Hayden, Arizona</u>			
		Filed <u>Nov 7th, 1931</u> <u>W.D.D. [Signature]</u> Registrar.			